

efile Public Visual Render

ObjectId: 201841349349205954 - Submission: 2018-05-14

TIN: 54-1223629

OMB No. 1545-1150

Short Form**Return of Organization Exempt From Income Tax****990-EZ**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

2017Open to Public
Inspection**A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization	Washington Coal Club	D Employer identification number	54-1223629
Number and street (or P. O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
2600 Virginia Ave NW Suite 505			(202) 333-5265
City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number
Washington, DC 20037			►

G Accounting Method: Cash Accrual Other (specify) ► _____**H Check** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I Website:** ►**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other _____**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 19,070****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<table border="1"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>0</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>9,470</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>9,600</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>0</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td>0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td></td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td>5c</td><td>0</td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td>0</td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td>0</td></tr> <tr><td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td>0</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>0</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td>7b</td><td>0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td></td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>7c</td><td>0</td></tr> <tr><td>9 Total revenue.</td><td>Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td><td>8</td><td>0</td></tr> <tr><td></td><td></td><td>9</td><td>19,070</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	0	2	Program service revenue including government fees and contracts	2	9,470	3	Membership dues and assessments	3	9,600	4	Investment income	4	0	5a	Gross amount from sale of assets other than inventory	5a	0	b	Less: cost or other basis and sales expenses	5b	0	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			6	Gaming and fundraising events	5c	0	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	c	Less: direct expenses from gaming and fundraising events	6c	0	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	7a	Gross sales of inventory, less returns and allowances	7a	0	b	Less: cost of goods sold	7b	0	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			8	Other revenue (describe in Schedule O)	7c	0	9 Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	8	0			9	19,070
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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Part II Balance Sheets(see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,482	22 12,264
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	7,482	25 12,264
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,482	27 12,264

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

To educate, discuss, and communicate issues to all individuals interested in the coal industry.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 We held 3 educational lunch briefings open to members of Congress, staff of the legislative and executive branches, and private citizens. Lunch is free for those who work for Congress, \$25 for those who work for executive agencies, and \$50 for everyone else. The second lunch also functioned as an awards lunch where we gave awards (engraved plaques) to individuals that have served the coal industry, with \$115 person in private industry.

(Grants \$ 0)

If this amount includes foreign grants, check here **28a** **14,288****29****29a**

(Grants \$)

If this amount includes foreign grants, check here **30****30a**

(Grants \$)

If this amount includes foreign grants, check here **31** Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32****14,288****Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mike Eckard President	1	0	0	0
Ray Shepherd Vice President	1	0	0	0
Rachel Rogier Treasurer	1	0	0	0
Leslie Tate Secretary	1	0	0	0

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		No
38a		No
38b		
39a		
39b		
40a		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
40b		
40c		
40d		
40e		No
41 List the states with which a copy of this return is filed. ► DC		
42a The organization's books are in care of ► Rachel Rogier	Telephone no. ► (202) 333-5265	
Located at ► c/o Arch Coal 2600 Virginia Ave NW Suite 505 Washington, DC	ZIP + 4 ► 20037	
42b		No
42c		No
If "Yes," enter the name of the foreign country: ► _____		

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

	Yes	No
42b		No
42c		No

If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
44a		No
44b		No
44c		No
44d		
45a		No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b

No

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	<input type="checkbox"/>	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

	<input type="checkbox"/>	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2018-05-14
	Rachel Rogier Treasurer Type or print name and title	Date

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ►	Firm's EIN ►			
Firm's address ►	Phone no. ►			<input type="checkbox"/> Yes <input type="checkbox"/> No
				Form 990-EZ (2017)

Additional Data[Return to Form](#)**Software ID:** 17005980**Software Version:** v1.00**Form 990-EZ, Special Condition Description:****Special Condition Description**